



MEMBERSHIP APPLICATION/RENEWAL

Please complete this Membership Application form and mail to:
League of Women Voters of the Flint Area (LWVFA)
P.O. Box 230, Flint, MI 48501-0230

Membership Categories: Individual \$65 - Household \$35 each additional at same address - Student (16+) \$10
Membership & Program Year: July 1 to June 30

Date: _____ Check One: New Renewal

Primary Member Name: _____

Name(s) of additional member(s) in household: _____

Street Address: _____

City: _____ Zip Code: _____

Mobile Phone: _____ Alt Phone: _____

Email address: _____

Birthdates of each member: _____

Primary Membership Amount	\$ <u>65</u>	General Fund Donation	\$ _____
Household Membership(s) (\$35 each)	\$ _____	Scholarship Amount	\$ _____
		Education Fund [501(c)3]*	\$ _____

Total Amount Enclosed: \$ _____

Please write your check payable to: **LWV of the Flint Area or LWVFA**

Note: Dues are not tax deductible but donations to the Education Fund may be deductible.*

Please check all areas that interest you:

- | | |
|---|---|
| <input type="checkbox"/> Voter Education and/or Registration | <input type="checkbox"/> By-laws Review |
| <input type="checkbox"/> Special events & Programs | <input type="checkbox"/> Membership |
| <input type="checkbox"/> Communications (newsletter, social media, website) | <input type="checkbox"/> Position Review & Research |
| <input type="checkbox"/> Other: _____ | |

For more information: visit LWVFlintArea.org or e-mail us at lwvflintarea@gmail.com
The LWV Flint Area is a 501(c)(4) organization.

LWVFA OFFICE USE: Received Date: _____ Check Number: _____ Sq Pmt? Y/N _____
 LWVUS roster entry: _____ Constant Contact entry: _____ Thank You Letter sent: _____